MCB-8

HAWAII MOTOR CARRIER CARGO CERTIFICATE OF INSURANCE

Filed with Fublic Othities Com	mission, State of Hawaii (nereinarter	called Commission)	
THIS IS TO CERTIFY, That th	ne		
·		(Name of Company)
nereinafter called Company) of	(Ho		
	(Ho	ome Office Address of Co	ompany)
as issued to	(Name of Motor Carrier) (Address of Motor Carrier)		
olicy No.	Effective From		to "UNTIL CANCELLED"
		(If Continuou	s—Complete "Until Cancelled")
nereon.			ginal of said policy and all endorsements
	nerein may not be cancelled unless rs after such notice is received by the	, , ,	s the Commission notice in writing, said
Countersigned at	thisda	ay of	, 19
	-		
		(Authorized	d Company Representative)
			(Address)